

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

06 - 372

(1) Al-Muhammad Obeid Shalaby
 (Name of Plaintiff) (Inmate Number)
alias Mr. Roger A. Dennis Jr
MHU Bldg 22 1181 Paddock Rd Smyrna Del 19977
 (Complete Address with zip code)

(2) _____
 (Name of Plaintiff) (Inmate Number)

 (Complete Address with zip code)

(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

vs.

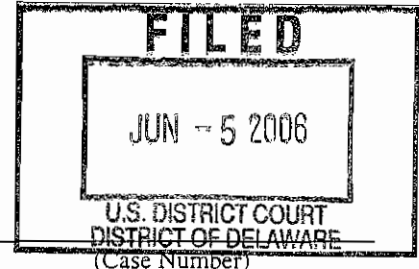
(1) ^{FSM} CMS/ Medical System (listed on separate paper)
 (2) Del. Correctional Center Warden Thomas Caudell et al
 (3) Dept of Correction Commissioner Stanley W. Taylor
 (Names of Defendants)

(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE



(to be assigned by U.S. District Court)

RD scanned

CIVIL COMPLAINT

- • Jury Trial Requested

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:

1. What steps did you take? 500 grievances followed Chain of command

2. What was the result? You took no action

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Thomas Carroll

Employed as Warden at Dela Correctional Center

Mailing address with zip code: Dela Correctional Center PO Box 500

Smymna Dela 19977

(2) Name of second defendant: C M S medical (capacity)

Employed as ^{several names} listed on separate sheet at Dela Correctional Center

Mailing address with zip code: Dela Correctional Center Smymna Dela 19977

(3) Name of third defendant: Stanley W. Gaylor

Employed as Commissioner at Dept of Corrections

Mailing address with zip code: 245 McKee Road Dover Del

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. _____

2. _____

3. _____

*Done on separate paper
for summary of events*

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. *I want the Court to hear this case before a judge and jury, and decide in good faith a judgement for all damages, and all the pain, and suffering. Most important the responsible ones be held accountable EMS/FCM so forth.*

2. that the Court look at all details, and
facts

3. that I get a fair judgement

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 2____.

Al-Muhammad Alek Shabazz A.K.A. Al-Kayed Dennis
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

(Summary of Events)

1) On this date Thursday March 23rd 06 11am My ear was damaged by a fall on the edge of desk. Metal desk In Cell B-Lower 11 Bldg 22. Witnessed by Inmate Bryant L. Cannon, and David Smith whom applied wet Rag on Right ear, and held it until staff came on the tier. Sgt. J. Juman and Cpl. M. Burton were working this day whom immediately called nurse. Nurse Shari Quanni Neal came down to look at it, and she called N/P Sherell A. OST and said it may need stitches, and on the phone she told OST to bring the big baby some Candy. Insulting my character as a man, and a muslim. From this date I haven't been able to hear anything out my right ear. 2pm N/P Sherell A. OST showed up to take a look at it said I may need stitches. She cleaned it dressed it and said she'll check back with me in a couple of days.

2) March 25th 06 3:41am Nurse Kay gave me antibiotics for ear, and regular meds. 6:45pm Nurse Claudyann Reader called me out Checked ear it was still bleeding and black purple, and green seriously bruised still Can't hear. She told me they should have sent me out the day this happened, because it still looks bad. She said she'll put me back down Monday to be seen by Dr. I still Can't hear out Right ear.

3) Tuesday March 28th 06 Halted at Counselor Cindy A. Atallian told her what happened to ear, and showed her. Told her what was going on with medical and she said she'll be on top of that, and personal issues with family. She said she'll get with Sherell A. OST & medical and they've also been dealing with back race issue. I've been without my back brace since Feb. 2001. 1:30pm this same day N/P Sherell OST (MA) Adrienne Bianch (MA) K. Cann came over to see me. I was told I may have to go out to hospital ENT in 3 weeks after Clay Wax / with Blood behind it doesn't come out with eardrops and if meds don't work. 5:30pm Nurse Rebecca E. Viet called me out to redress ear. They didn't give me ear plugs to protect ears from water during shower or anything. March 25th 06 Nurse Shari Quanni Neal started talking real foul out her mouth, because I was given orders to put drops in ear put Cotton ball in ear to protect meds. She halted it's your "damn" ear do what you want see if I care. I filed grievance on her, and letters to my counselor, and her boss.

45. April 2nd 06 Nurse Rebecca E. Viet gave me migraine headache meds, but not new meds N/P Dr. Sherrell Ost ordered, Nor did she check ear as requested. Filed another medical grievance on Nurse Quanni Neal. Inadequate Treatment.
46. April 3rd 06 filed grievances on medical, because I wasn't getting any of my meds, and nurses starting cursing, and disrespecting me.
47. April 4th 06 made everyone aware I still can't hear, ears draining, and I still get very serious headaches that keep me from sleeping.
48. April 5th 06 Had Sgt Cain contact my counselor Cindy A. Atallian.
49. April 7th 06 OVS here to see me. 1:30pm was just getting out shower. Sherrell Ost said my counselor called her so she came over to see me. I told her pain meds weren't working and there's constant pain. Things began to get out of hand and ridiculous, so it led to me filing this suit.
50. April 10th 06 Claudym Reader had to check on my meds because I didn't get them, so she said she had to call Shari Quanni Neal. Tuesday April 11th 06 Mental Health Monet came down to see me about all the drama that's been going on.
51. Monet got angry with me, because I told counselor Atallian to get with her and let her know I need to talk to her. Monet snapped on me and said she doesn't like to be pressured, but I let her know I'm court ordered to see mental health.
52. April 12th 06 C.D. Porter & Sgt C. VanGorder was on the tier with nurse Rebecca E. Viet, and I was explaining to her that the Dr told me I didn't have to keep putting sickcall slips in to be seen, and she started talking all crazy cursing so forth and I told her I'm not going to argue with her; I'll deal with all this inadequate treatment in Court. She made it sound like I was threatening her which was not the case.
53. April 15th 06 Ear still killing me so I put sickcall slips in.
54. April 16th 06 3:53pm meds Sunday Nurse Rebecca E. Viet said Nurse Practitioners will be over tomorrow.

14) I wrote everyone, and spoke to everyone about the pain in my ear and me not being able to hear anything. Cpl. S. Marshall, my counselor Cindy A. Atallian, spoke to Cpl. S. Hastings Lt/Ht Alisa Profaci and the Lt's whom been assisting to make sure I'm seen.

15) April 18th 06 1:30pm Called out by N/A Sherell A. Ost she flushed ear a ball of wax came out, and she thought maybe that's why I could not hear, and then she told me now there's a infection in the ear, and ONCE this clears up I should be going out to the outside for a ENT specialist Ear Nose & Throat Doctor.

16) April 21st 06 Counselor Cindy Atallian mailed me memo which will be enclosed as exhibits and proof throughout this lawsuit.

17) April 22nd 06 More problems with the pain meds I should be getting, but haven't been Nurse Clairlynn Reader said she'll check on them.

18) April 23rd 06 7pm Nurse Clairlynn Reader called me out to flush ear gave me ear-drops and said she's going to talk to OTJ. From the Order she saw No pain meds were ordered like NP Sherell A. Ost said she would.

April 25th 06 I asked Sgt. V. Kinloch has the Dr. been over because she was suppose to have come here in the week.

19) C/o K. Hughes Black female officer called me out 10pm April 27th 06 out of concern to see if I was seen by the Dr. because she saw I was in a lot of pain with alot on my mind.

20) April 28th 06 Spoke to Counselor Atallian earlier today during classification and Lt. J. Seacord. was Classified out she ask me about my ear and meds, and so forth. I told her I'm still not getting what I'm suppose to be getting. She called after Classification 1:30pm Ost showed up over to see me I missed Muslim service which I attend every Friday to hear once again I'll haft to be sent out. Still Can't hear, and ear in alot of pain.

21) April 29th 06 4:00 pm Nurse Kay was suppose to brought me ear-drops, and she gave me a box of eyedrop instead of eardrop. I told her I got ear drop. She argued with me until I showed her she was wrong. I took someone else to straighten her mess out. I filed

cont → paperwork on this incident. No one did anything about any of the grievances so forth. That's why I'm filing this suits. Inadequate treatment. Nurse Kay came back told me I was wrong to try to hold evidence against her that she gave me the wrong med. How was I wrong when all she wants to do was argue?

Dr. Ost wound up upping the dosage of otium pain meds for the ear.

(22) April 29th 06 Saturday Nurse Rebecca E. Viet argued with me again saying she didn't see a order for meds being upped.

(23) Monday May 1st 06 I had Cpl. G. Marshall call and he spoke to Adrienne Blanch Medical Assistant, and she told him more than likely they'll be over Wednesday to see me.

May 2nd 06 Nurse Becky forgot pain meds said she'll be back, and she never came back with any of ~~my~~ meds.

(24) May 4th 06 Nurse Luanni disrespected me by calling me by my alias Reggie Dennis Jr. when she been calling me by my muslim legal name. Then she told me and I quote if I have a f---ing problem with it write her boss Jumper. She tried to insult my character and disrespect me as a man. I wrote her up. She didn't even answer that grievance.

(25) May 5th 06 Nurse Luanni tried to say there was a discrepancy with my meds. All she was doing was still ~~mick~~ picking because I didn't argue with her. I walked out and wrote her up.

(26) May 8th 06 Ost came down to see me to clear discrepancy with meds. She told me she'd take care of it. She said she'll be back to some Friday. All this should be logged in a log book, and my counselor could issue copies of all the letters I wrote her about these incidents.

27) May 13th 06 Sat I filed a emergency sickcall slip Nurse Becky said is it a emergency she walked away, but my ear was bleeding out, and she did nothing about it, so I did what I had to do file paper work.

28) May 16th 06 9:20am was called to go to Bldg 24 to see mental health Dr. Kurnollu I told him about all the problems he checked my medical file saw that there may have been a misprint where I was getting to strong dosage of Zantac, so he lowered the dosage which medical file should & could be subpoenaed.

29) May 22nd 06 1:30pm Mental Health Monet came to see me. I told her the problems, and that I haven't heard back from my counselor after 3 letters I wrote. There was nothing threatening nor offensive. I told Monet Counselor Atallian had sent me a letter with one line telling me she sent a copy of my letter to staff/H Profaci for her review on May 10th 06. I haven't heard from my counselor since then. She said she'll talk to her and send me a memo Friday to let me know what's what. I never got a letter nor memo from Monet Friday or as of yet.

30) Sunday May 26th 06 meds were passed out 3am I let the nurse know and showed her where my ear had been draining and bleeding so she told me she couldn't take the sickcall slip she might get fired. 11:55am on my way to lunch I pushed the sickcall under the medical door, and I informed St. Michael Welcome of incident so he called Dr OT. I went to Jumuah service 3pm I was called MA. K-Cann NP Sherell OT & Nurse Luanni were in the Medical Dept. Sherell said the St. Called her said I hadn't been seen by her which was a lie, but she had a attitude with me. She checked my ear once again the infection is back, I still can't hear and I'm still catching alot of flack about my meds, and them doing their jobs. Nurse Luanni, and I had a argument, and then when I was leaving medical a guard approach me in a threatening manner, took his belt off with mace on it, and his cuffs threw it on the floor. I took my shirt & kufi off, and things were heated from there.

(page 10)

Sgt. J. Jauman & C/o P Calhoun C/o M. Oney stopped the incident before it escalated. That's where everything stands now. Now I turn to the court because I know I have a very strong case that I request to be tried by Judge & Jury.

My witnesses to this case are officers and inmates, Nurses

- (1) Cpl. S. Marshall
- (2) Counselor Cindy A. Atallian
- (3) C/o D. Hastings
- (4) C/o K. Hughes
- (5) Sgt. C. Vandersider
- (6) C/o Clinton Passley
- (7) I/m Bryant L. Cannon
- (8) I/m David Smith
- (9) Nurse Clairlynn Reader (Transferred Georgetown Medical as of 5-31-06) 5-30-06 Tuesday was her last day here. He saw me on 5-30-06.

All to be subpoenaed if ~~this~~ case has to go all the way to trial. The Institution is Responsible for the loss of property which will be attached as my exhibits.

For the 5 yrs I've been without my back brace, I'm seeking \$50,000 dollars every year. That comes to \$250,000 for 5 years. As far as my ear it's a possibility that I could suffer permanent hearing loss for the medical Department neglecting to send me out trying to save the state money, I'm seeking \$550,000 dollars. Altogether that comes to \$800,000 dollars. I also request that this suit be paid for by the Department of Corrections or the Medical Dept, because they are responsible for the damages.

(Page 7)

Under American legal practice a party (generally a plaintiff) who has established that he or she has suffered an injury is entitled to relief. This relief is called a "remedy" and may come in various forms. Common judicial remedies in American courts include damages, injunctions, mandamus, and awards of cost and attorney fees. The monetary damages may be awarded by a court fall into three broad categories: 1) actual damages, including out of pocket, or pecuniary losses, as well as compensation for physical and mental suffering; 2) nominal damages, when no damages were sustained; and 3) punitive damages, sometimes called "exemplary damages," are only allowable when actual damage has been suffered and the acts causing the injury were so reckless, wanton, malicious, or intentional as to warrant an additional damage award. In this case the pain, and suffering and my hearing loss in my right ear, and my migraine headaches, and back pains from a assault done by guards.

See Mack v. Johnson, 430 F. Supp 1139 (E.D. PA. 1977) affirmed without opinion 582 S. 2d 1275 and Appeal of Smith, 582 S. 2d 1276 (No opinion)

Actual (or Compensatory) Damages see Wilson v. Donovan, 218 F. Supp 944 (D.C. La. 1963), affirmed 328 F. 2d 313, cert. den. 85 S. Ct. 31, 379 U.S. 816

Under 5th Amendment U.S. C.A. I am entitled to a jury trial I am using & stressing my right to be appointed Counsel if this goes all the way to trial.

See Buell Hendricks v. Coughlin 114 F.3d 340 (1997) also see Cooper v. A Sargenti: CD 877 S.2d 170, 174 2d (Cir 1989)

(Continue Page 8)

with all meds & P Shevell A. MD has tried; the excruciating pain continues, and many sleepless nights, and the most damaging thing is I still can't hear out my right ear and continue to get infections, and have not yet been out for a Ent to see what the extent of the damages are. The Ear continues to drain, and I'm in serious pain while the state tries to save money rather than to send me out.

Therefore I'm at the Courts Mercy asking that you get involved, and order the prison and Medical System to send me to a specialist.

And for the foregoing reason I don't have a job and I only get money every now & then from family on the streets; I wish to enter this case *forma pauperis*.

Mr. Al-Muhammad Al-Sak Shabazz (Alias
Signature: Mr. Al-Muhammad Alek Shabazz (Mr. Roger Dennis Jr.)
June 1st 06

Certificate of Service

I, Al-Muhammad Aleek Shabazz, hereby certify that I have served a true
and correct cop(ies) of the attached: Law Suit Serious Injury
In Institution upon the following
parties/person (s):

TO: Office of the Clerk
United States District Court
844 N. King Street
Dockbox 18
Wilm, Delaware

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United
States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE
19977.

On this 1 day of June, 2006

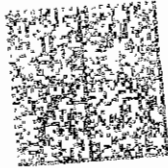
Al-Muhammad A. Shabazz

I/M Al-Muhammad Al-Qasbi
SBH# 00241736 UNIT M H U Bldg 22 B-4-11

DELAWARE CORRECTIONAL CENTER

1481 PADDOCK ROAD

SMYRNA, DELAWARE 19977



UNITED STATES
COURT
MAILED

Office of The Clerk
United States District Court
844 N. King Street Lockbox 18
Wilm, Dela
19801

D.S.M.S.
X-RAY

5-19-06

Mr Al-Muhammad Alek Shabazz
AKA ROGER DENNIS JR. SBI 240736

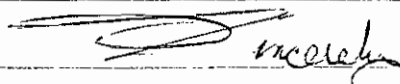
Please provide a copy of your legal
name change so I can resolve this
matter for you. There is not a copy
in your medical record.

Thank you
Debbie W. Weller, LPA
Medical

St/lt B.H. Williams,

I have no idea
what you are talking
about. Do you have
copies? Wm 2.22.05

I understand my photo Album Bezouys with my family photo is still in your office somewhere. My optinus radio has also been sitting in your office for quite sometime where they sent it to you all, because they said it was altered, but I was told it was going to be replaced for another radio. I also understand that my Savanuk TV with the remote is also down there. Please get back to me if you have ~~any~~ of these items or all. Thank you for your attention and cooperation.

 Sincerely

Mr. Al-Muhammad Aliak Halaby
aka Loge Dennis Jr. ID# 00241736
MHU Bldg 21G-tower 6#
Feb. 20th 05

I also understand my write-up in the kitchen last year was over turned by Mr. Tony Redina, so they had no right to sue me. Lt. Larry N. Savage did the hearing and the sanction was also over turned.

Circle any choice items

Items Requested for Purchase from Commissary

(7 To 10 Day Delivery)

INMATE NAME: Dennis Muhammad

INMATE SIGNATURE: [Signature]

SBI# 00241436

DATE 7-8-02

Quantity Requested	Quantity Approved	Item	Size	Cost \$	Quantity Requested	Quantity Approved	Item	Size	Cost \$
		Baseball Cap			1	1	Sweatshirt no hood		
		Bathrobe					Television Color	28 31 55 8	13 94.88
		Chess/Checkers/Dominos					T-shirt no pocket		
		Fan					T-shirt pocket		
		Gym Shorts					Thermal Pants		
		Handkerchief					Thermal Top		
		Headphones—Sony/Koss					Towels		
		Knit Cap					Underwear 3 pk.—boxer/briefs		
		Kuff					Washcloths		
		Locker box					Watch Battery (cannon watch only)		
		Pajamas					Wrist Watch		
		Prayer Rug					Bristle Pads		
		Photo Album					Brushes—low quality/high quality		
		Radio					Crayons		
		Remote Control (universal)					Pastels		
		Rosary/Cross/Pendant					Pencil Sharpener		
		Sneakers—Nike/Reebok					Protractor		
		Socks 3 pk.					Ruler		
		Sweatband—head/wrist					Watercolor Markers		
		Sweatpants					Watercolor Paints		
		Sweatshirt w/hood					Watercolor Pencils		

Reviewed by Property Officer:

Date: 7/1/02

Distribute:

Received by Inmate:

Date: 7-12-02

White – Property Officer
Pink – Commissary
Yellow – Inmate

Signature

FORM #: 661 (Rev: 11/00)

(3-part)

Please Note: This form must be submitted on your scheduled commissary day along with any other purchases you may have. At that time, the amount will be deducted from your account.

(Items Not listed on my property list I had)

(1) Yellow Legal Pad New (Papers inside it)

(3) New Dial Roll-ons

(1) Bar Lever 2000 Soap

Variety of Islamic Literature Books

SO & A Packet (Law work) folders w/ legal material

Islamic Soldier of Literature

AA Batteries New 1 pack of (4)

Baby Lotion (1)

Next 1 Lotion Lotion that Cost \$2.25 New Cocoa Butter Lotion

Commissary combs (1) professional & small

(2) Baby Powders (1) New (1) used

(1) Box Tea Bags (Not New 17 out of 48 used)

Coffee in a Container

(2) Choc Chip Cookies

Soups / Clear Commissary Bowl \$2.95 w/ white lid

some Brown Envelopes 2 with personal papers, Islamic Books cards from wife

(4) Boxes of Debbie's

(1) Party Mix

(1) Hot Cheese Curls

(1) Brown Legal Envelope (I sent one out)

(1) Tuna Fish

(1) Pickle

(1) Squeeze bottle of Mayonnaise

(I AMM Books / Legal I get winter Spring, summer all the way thru)

(Lots of personal papers w/ legal papers & folders missing & Islamic papers w/ addresses)

Pictures Photo Copied By family of family in Color. I go to the store every week

my commissary list & receipts in a envelope are missing (1) legal long envelopes

(4) Black pens, personal mail family friends, and legal mail / my dear day journals

That I kept thousands and some pages (Personal Magazines 2 folders vanilla / Brown

envelopes Poetry and legal material inside Property sheets on my TV & remote and other circuits

1 BOX

ITV

Pg 1 of 3

INMATE ACQUIRED OR CONFISCATED PROPERTY

INMATE NAME: Al muhamid Shabazz (Roger Dennis) SBI# 241736
 HOUSING UNIT: H13 B bld 22 DATE 6-16-04 TIME: 1439
 HIGHLIGHTED ITEMS RETURNED TO I/M

ITEM	DESCRIPTION/BRAND NAME	S/P**	QUANTITY	CONDITION (Poor/Fair/Good)
1	meds (Chlorpheniramine)	g	92 pills	Fair
2	meds (HCTU)	S	116 pills	Fair
3	meds (propranolol)	S	44 pills	Fair
4	meds (enalapril)	S	116 pills	Fair
5	meds (cimetidine)	S	50 pills	Fair
6	GLASS CASE Black	P	X 1	Poor
7	eyeglasses gold color	P	X 1	Poor
8	Bowl (plastic clear)	P	X 1	Poor
9	Lid (plastic clear)	P	X 1	Poor
10	Tooth brush holder (clear)	P	X 1	Poor
11	Tooth brush (purple)	P	X 1	Poor
12	Soap dish (clear)	P	X 1	Poor
13	Toenail clippers	P	✓ 1	Poor
14	Deodorant (dial)	P	X 1	Poor
15	Pick (black)	P	✓ 1	Poor
16	hair brush (brown)	P	X 1	Poor
17	comb	P	✓ 1	Poor
18	After Shave (Afta)	P	✓ 1	Poor

Officer's Name (Print Clearly)

PETER J. FORBES SR LT
 Supervisor's Name (Print Clearly)

8x4
 Shift
1600-2400
 Shift

Officer's Signature Who Inventoried Property
Supervisor's Signature Reviewing Inventory

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

_____, on ____/____/____, at _____, by _____, within _____
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

_____, on ____/____/____, at _____, by _____, within _____
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

Record of Transfer of Property

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_____, on ____/____/____, at _____, by _____, within _____
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

INMATE ACQUIRED OR CONFISCATED PROPERTY

INMATE NAME: Roger Dennis (Al-Mulami & GleeK Shaba27) SBI# 241736
 HOUSING UNIT: HL 22 HL3B DATE 6-16-04 TIME: 1454

ITEM	DESCRIPTION/BRAND NAME	S/P**	QUANTITY	CONDITION (Poor/Fair/Good)
19	Spock (blue)	P	X 1	Poor
20	cream (Hydrocortisone)	P	X 1	Poor
21	(Albuterol) Inhaler	P	✓ 1	Poor
22	AEROSOL Inhaler	P	✓ 1	Poor
23	Box (Shell Super dent)	P	✓ 1	Poor
24	PRAYER rug (burgundy)	P	X 1	Poor
25	Pen black	P	X 1	Poor
26	T.V. # 528131558	P	✓ 1	Poor
27	Radio (Panasonic)	P	X 1	Poor
28	Car black for radio	P	X 1	Poor
29	Key on ST rings	P	✓ 1	Poor
30	Shower Shoes	P	X 1	Poor
31	Lid clear plastic	P	X 1	Poor
32	Cup (yellow white)	P	X 1	Poor

Officer's Name (Print Clearly)
Supervisor's Name (Print Clearly)

Shift
Shift

Officer's Signature Who Inventoried Property
Supervisor's Signature Reviewing Inventory

Record of Transfer of Property

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_____, on ____/____/____, at _____, by _____, within _____
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_____, on ____/____/____, at _____, by _____, within _____
 (Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

241736

[illegible]


 Officer's Signature Who Inventoried Property

 Supervisor's Signature Reviewing Inventory

FORM# 537-A

INMATE ACQUIRED OR CONFISCATED PROPERTY

INMATE NAME: Royer Dennis SBI# 241736
HOUSING UNIT: 22 AL3 DATE 6/18/04 TIME: 1330

[illegible]

Officer's Name (Print Clearly) Peter J. Forbes Lt

Shift 11
1100-2400
Shift

Supervisor's Signature Reviewing Inventory

Record of Transfer of Property

The acquired/confiscated property, with exceptions noted, as listed above was received from:

_____, on ____/____/____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

Record of Transfer of Property

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_____, on _____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

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The acquired/confiscated property, with exceptions noted, as listed above was received from:

_____, on ____/____/____, at _____, by _____, within _____
(Person Transferring Property) (Date) (Time) (Person Receiving Property) Unit

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name _____ SBI # _____
(Last, First MI)

Facility _____ Date _____

_____	Chargeable Visit	\$4.00
_____	Non Chargeable Visit	-0-
_____	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name James, John SBI# 241796
(Last, First MI)

Facility MC Date 9/13/05

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u> </u>)	\$ <u> </u>

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 9/13/05

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name James Rogers SBI # 241736

(Last, First MI)

Facility DIC Date 3/28/06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u>1</u>)	\$ <u>2.00</u>

Total Amount Charged To Inmate Account \$4.00

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: X Date: 3/28/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name _____ SBI # 17-2

(Last, First MI)

Facility 12 Date 4-1-06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: K.L.

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 4-06-06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name _____ **SBI #** _____
(Last, First MI)

Facility _____ **Date** _____

___	Chargeable Visit	\$4.00
___	Non Chargeable Visit	-0-
___	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ _____

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ **Date:** _____

1) *Witness Signature: _____ **Date:** _____

2) *Witness Signature: _____ **Date:** _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)

Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name James R. [unclear] SBI # 411-32
(Last, First MI)

Facility DRC Date 4/18/06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u> </u>)	\$ <u> </u>

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: [Signature]

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 4/18/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name D. J. Keger SBI # 271 56

(Last, First MI)

Facility DOC Date 4-18-06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u> </u>)	\$ <u> </u>

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: KC

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 4-18-06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Delaware Department of Correction Health Care Services Fee Sheet

Inmate Name Dennis Rogers SBI # 921736

(Last, First MI)

Facility DCC Date 5/8/06

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u> </u>)	\$ <u> </u>

Total Amount Charged To Inmate Account \$ C

Health Care Staff Signature: A.

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: X Date: 5/8/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Dennis Roger SBI # 241736
(Last, First MI)

Facility DCC Date 1/17/06

☒ Chargeable Visit \$4.00
☒ Non Chargeable Visit -0-
☐ Medication Handling Fee (\$2.00 X _____) \$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: X Date: 1/17/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
 Copy: Inmate Medical Record (yellow)
 Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name _____ SBI # _____
(Last, First MI)

Facility _____ Date _____

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 5/15/06

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Donner, Roger SBI # 241736
(Last, First MI)

Facility DCC Date 6-1-05

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 4.00

Health Care Staff Signature: Shonda Williams

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

**Delaware Department of Correction
Health Care Services Fee Sheet**

Inmate Name Bennett, Roger SBI # _____
(Last, First MI)

Facility DCC Date 10/13/05

<input type="checkbox"/>	Chargeable Visit	\$4.00
<input checked="" type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ 0

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 10/13/05

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

TO

Al Muhammad Alee Skabry
241736
22 BLH

FROM

SPEED LETTER

Cindy Atallah
Counselor - 22

SUBJECT:

MESSAGE

I met with medical about your medication issue. This should have been corrected by now. If not, please notify me immediately. I also completed a Chaplaincy referral.

Thank you.

DATE

03/22/06

SIGNED

CAH

REPLY:

DATE

SIGNED

FORM #: 535

SEND PARTS 1 & 2 INTACT. PART 2 WILL BE RETURNED WITH REPLY. RETAIN PART 3 FOR FILE.

April 20, 2006

Muhammad Aleek Shabazz, 241736

22

BL11

I received your letter. Your phones should be working now for you to call your mother. If not let me know. I have placed you on the list for a classification for Family Problems, but I have 40 people for this month, so I must get them out of the way first. It might not be possible to have this finalized until May, but I will see if the Lt. has any extra room. It looks pretty full now. Also, I will bring up your case to the Mental Health meeting staff next week about your ear if nothing has been done. Please let me know something before Wednesday of next week. If I see Miss Shirell, I will let her know about the concerns that you have expressed.

If you have any other concerns or questions, just let me know.

Thank you,

Cindy Atallian
Counselor – 22

May 10, 2006

Al-Muhammad Aleek Shabazz

22

BL11

I received your letter and have forwarded a copy to S/Lt. Profaci for her review.

Thank you,

Cindy Atallian

Counselor – 22

April 3, 2006

Al Muhammad Shabazz, 241736

22

BL11

I have sent a memo to the phone staff asking them to check on your mother's number. I also met with the nurses on Tuesday after we talked, and they promised to see you that afternoon. If no one saw you or if there is still a problem, please let me know immediately.

Thank you,

Cindy Atallian
Counselor – 22

April 4, 2006

Al Muhammad Aleek Shabazz, 241736

22

BL11

I believe our letters may be crossing in the mail. After I saw you on 3/28/06, I met with Miss Mattie about your ear. She said she would have Nurse Quani come to see you. It sounds like that did not go well. I will copy that letter to Miss Shirell for review. I also sent a memo to the phone staff - Miss Courtni to check on the problems with your mother's number. I will keep you posted as I receive responses.

Thank you,

Cindy Atallian

Counselor - 22

AMAS.
Received
4-05-06 Wednesday

April 11, 2006

Al Muhammad Aleek Shabazz, 241736

22

BL11

Your phone sheet was submitted with your mother's new number -- 302-998-2333. You should be able to make calls now. I advised Mental Health staff that you wanted to speak to them as well.

Thank you,

Cindy Atallian

Counselor -- 22

Correctional Medical Services

DATE: 10/19/05

FROM: MHU MEDICAL

TO: RODGER DENNIS SBI: 241736

RE: LAB RESULTS

YOUR LAB RESULTS DATED 09/22/05 WERE NORMAL.

A. DEN NP

CORRECTIONAL MEDICAL SERVICES

DATE: 10/04/05

FROM MHU MEDICAL

TO: ROGER DENNIS SBI: 241736

RE: X-RAY

YOUR X-RAYS WERE NORMAL.

SCAP

Correctional Medical Services

DATE: 04/10/06

FROM: MHU MEDICAL

TO: ROGER DENNIS 241736 MHU 22

RE: LAB RESULTS

YOUR LAB RESULTS COLLECTED ON 04/03/06 WAS NORMAL.

SOBMP

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

(Alien) Lagan Dennis

Al-Muhammad Aleek Shabazz
Name (Print)

MH4 Bldg 22 B-L-11
Housing Location

April 13
Date of Birth

00241736
SBI Number

3-24-06
Date Submitted

Complaint (What type of problem are you having)?

My ear has to be flushed and cleaned. It's split, & I can't really hear out of it. It's still swollen happened yesterday 3-23-06 I see nurse should call it has to be cleaned and I should be getting Motrin & antibiotic

Al-Muhammad Ashabazz
Inmate Signature

3-24-06
Date

The below area is for medical use only. Please do not write any further.

S: Order to flush ear.

C/O sever pain cannot hear out right ear. Pain meds not working

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

I/M seen on 3/25/06. Motrin

A: not working wants something stronger

P: I/M is to have F/U with provider on 3/30/06. Will request that I/M be seen earlier

E: _____

Creadon
Provider Signature & Title

3/26/06 @ 1700
Date & Time

DR#
1020741

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: **10/04/2005****DISCIPLINARY HEARING DECISION**Inmate : Dennis, Roger L SBI#: 00241736 Type: Class 1Institution: DCC Delaware Correctional Center Hearing Date: 10/04/2005 Time: 14:05Inmate Present: Yes Reason (If No): N/A

Violation: 1.04/200.209 Damage or Destruction of Property (Over \$10), 1.06/200.203 Disorderly or Threatening Behavior, 2.03/200.106 Creating a Health, Safety or Fire Hazard, 2.13/200.111 Possession of Non-Dangerous Contraband

Inmate PLEA: Not GuiltyInmate Statement: Because I nevery Thearten the officer. There was no wires hanging out of my radio.Witness Name: Akins, DeonTestimony : N/AWitness Name: Testimony : I/M Akins, Deon stated He did not make no personal threaten to him or his family. He ask for officer name so he could contact higher auth.Decision : GuiltyRational : Per Rept. found I/M Guilty of all chargesSanctions: N/A**HEARING OFFICER'S SIGNATURE**Heverin, Ralph

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer. I may appeal the decision of a Class I Hearing to the facility administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision

☐ DO ☒ DO NOT INTEND TO APPEAL
INMATE's SIGNATURE**ORDER TO IMPLEMENT SANCTIONS**

<input checked="" type="checkbox"/> Inmate does not wish to appeal	<input type="checkbox"/> Appeal has been denied by Commissioner or Designate
<input type="checkbox"/> Sanctions have been modified	<input type="checkbox"/> Time Limit (72 Hours since hearing) for appeal has expired

It is here by ordered to implement the sanctions:

Sanctions	Start Date	Days	End Date
1. Loss of All Privileges	10/24/2005	5	10/28/2005

Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

DISCIPLINARY REPORT

Disciplinary Type: Class1

Housing Unit: Bldg 21

IR#: 1026233

SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00241736	Dennis, Roger L	DCC	Bldg.21 C Tier	09/24/2005	20:20

Violations: 1.04/200.209 Damage or Destruction of Property (Over \$10), 1.06/200.203 Disorderly or Threatening Behavior,
2.03/200.106 Creating a Health, Safety or Fire Hazard, 2.13/200.111 Possession of Non-Dangerous Contraband

Witnesses:1. N/A

2. N/A

3. N/A

Description of Alleged Violation(s)

On The Above Date And Approx. Time While Conducting A Cell Search On C-Tier C16, I/M Rogers, Dennis Was Found To Have Panasonic Radio With The Speaker Taken Out Of The Radio, With Wires Hanging From The Inside Of The Radio. While Leaving Th Cell I/M Rogers Confronted Me C/O Mccalla And Tried To Tell Me That This Was Personal, Over A Diet Tray. I C/O Mccalla Told I/I Rogers That This Was Normal Procedure. I/M Rogers Then Proceeded To Threaten Me Buy Telling Me To Spell My Name And That H Was Going To Tell His People On The Outside About Me. I/M Rogers Was Informed That He Would Receive A Write Up And Th Radio Was Taken As Contraband. E.O.R.

Reporting Officer: Mccalla, Joseph W (Correctional Officer)

Immediate Action Taken

Immediate action taken by: Mccalla, Joseph W -Correctional Officer

Radio Confiscated And Inmate Written Up.

Offender Disposition Details

Disposition: N/A

Date: N/A

Time: N/A

Cell secured? No

Reason: N/A

Disposition Of Evidence: N/A

Approval Information

Approved: ☒ **Disapproved:** ☐ **Approved By:** Boone, Stephen W (Staff Lt./Lt)

Comments: N/A

Shift Supervisor Details

Date Received: 09/24/2005

Time: 21:02

Received From: Boone, Stephen W

Shift Supervisor Determination:

- ☐ Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for _____ hours not to exceed 24 hours)
- ☒ Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearing

Boone, Stephen W (Staff Lt./Lt)

I have received a copy of this notice on **DATE:** _____ **TIME:** _____ and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.

Preliminary Hearing

Officer:

Boone, Stephen W

Offender:

Dennis, Roger L

DR#
1020741

DCC Delaware Correctional Center

Smyrna Landing Road

SMYRNA DE, 19977

Phone#: 302-653-9261

Date: 09/24/2005

NOTICE OF DISCIPLINARY HEARING - FOR MINOR/MAJOR OFFENSE

INMATE RIGHTS IN THE DISCIPLINARY PROCESS

MINOR OFFENSE :

Right to Remain Silent: If you are charged criminally based upon the same facts giving rise to the disciplinary process, you have the right to remain silent at the Disciplinary Hearing. If you choose to remain silent, your silence will not be considered against you at the Disciplinary Hearing. In all other circumstances, silence at the Disciplinary Hearing may be considered against you.

Presence: You have the right to be present at all phases of the hearing, except that you may be excluded during the Hearing Officer's deliberations and at any time your behavior becomes disruptive to the proceedings. Reason for such exclusions shall be stated in writing.

NOTICE OF DISCIPLINARY HEARING - FOR MINOR/MAJOR OFFENSETO: Inmate: Dennis, Roger LSBI#: 00241736Housing Unit: Bldg 21

1. You will be scheduled to appear before the Hearing Office to answer charges pending against you. (Staff are to explain the charges as listed on the 122.)
2. At that time, a hearing will be held to determine whether you violated Institutional Rule(s) as alleged in the attached Disciplinary Report.
How do you plead ? ☐ Guilty ☒ Not Guilty
3. A "Minor Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
 - a. Written Reprimand
 - b. Loss of one or more privileges for a period of time of more than 24 hours but not to exceed 15 days.
4. A "Major Offense" is a rule violation in which the extent of the sanction to be imposed shall be restricted to:
 - a. Loss of one or more privileges for a period of time not to exceed 90 days.
 - b. Confinement to assigned quarters for a period of time not to exceed 90 days.
 - c. Isolation confinement for a period of time not to exceed 90 days.
 - d. Loss of good time for a period of time not to exceed 90 days.(Forfeiture of accumulated good time shall be subject to the approval of the Commissioner or his designee.)
5. You have the right in the disciplinary process as stated on the lower and back of this page.
These have been fully explained to you at the time of this notification.
6. Counsel requested? No Name of Counsel:
7. Confront accuser? Yes
8. Witness requested? Yes Name of Witness: Akins, Deon

I certify that on 09/24/2005 at 21:02 , I
served upon the above inmate this notice of
Disciplinary Hearing for Minor/Major Offense and
the Disciplinary Report is attached hereto.

I have received copies of 122 & 127 and
understand my rights as Form # 127 has
been read to me

(Employee's Signature & Title)

Boone, Stephen W

(Inmate's Signature)

Dennis, Roger L

FORM #584

GRIEVANCE FORM

[Handwritten signature]

FACILITY: Delaware Correctional Center

DATE: 4-20-05

GRIEVANT'S NAME: Al-Muhammad Aleeq Shabazz

SBI#: 00241736

A.K.A. Resident #15950

CASE#:

TIME OF INCIDENT: NA

HOUSING UNIT: Bldg 21 C-tier Level 6#

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

This grievance is based on wearing shackles to your visit, and keeping them on for your whole visit is a violation of our Constitutional Rights. Stet L. Taylor had no right to come from Kendallville to here, and try to make himself look good, by giving orders such as these. Then we also kept to wear leg shackles the whole visit cutting our ankles, and so forth. This order only went as far as Major David K. Holman. Number 1 MHU is suppose to be Max High and the Shu Super Max. If Close Custody MHU Bldg 21 is going to be treated like Super Max then we should also have 1 man cells. They don't do this at Kendallville or Springtown, so how are you going to do it here? This is a ploy to discourage our loved ones from coming now. Our children, not our families like to see us like this. Our rights are being violated, and something must be done about it.

ACTION REQUESTED BY GRIEVANT: To leave the visit chains and leg shackles off when we go to visits and while at visits. Stet Taylor is running MHU/Max like SHU/Super Max. Now therefore I request these improper actions to be changed. Please grant all of the above request and that I'm compensated for any injuries as soon by medical concerning this matter.

GRIEVANT'S SIGNATURE: Al-Muhammad Aleeq Shabazz DATE: 4-20-05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

RECEIVED
APR 22 2005
Inmate Grievance Office

agency grievance

FORM #584

GRIEVANCE FORM

10-23-05

FACILITY: Delaware Correctional CenterDATE: July 15th 05GRIEVANT'S NAME: Al-Muhammed Abock Shabazz
aka Mr. Roger Dennis Jr.SBI#: 00241736CASE#: 19193TIME OF INCIDENT: 5:02amHOUSING UNIT: MHU Bldg 2112am to 8am shift

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

At 5:02am breakfast was being served. ~~The~~ Shabazz came around with coffee and every day he comes around talking to inmates. Apparently today he couldn't take what was dished back at him he threw two cups of hot coffee in my cell. I do not play those types of childish games. If I'd thrown something at him it would've been assault, but he opened that door when he tried to throw coffee on me and my cellie. I got Ch Ettinger, and got Floyd know I wanted to see the supervisor. It. Apparently they laughed and thought it was a game. I followed the chain of command plus I informed my people on the street to call or come see the Warden about this crap. It won't be tolerated.

ACTION REQUESTED BY GRIEVANT: That this be addressed to Deputy Warden Pierce, Deputy Warden Burreis and be brought up to Security Chief Holman, and that proper action is taken against this officer and the others for not addressing it to the supervisor. I can't request action so I'm leaving that to the proper authorities.

GRIEVANT'S SIGNATURE: _____

DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED?

_____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

April '97 REV

JUL 20 2005

Amas

Inmate Grievance Office

Received back Nov. 9th 05 and

8AM to 4pm Shift

FORM #584

GRIEVANCE FORM

FACILITY: Delaware Correctional Facility DATE: Jan. 15th 06 Monday
 GRIEVANT'S NAME: Al-Muhammad Aleeq Shabazz SBI#: 00241736
aka L. Dennis Jr
 CASE#: 23116 TIME OF INCIDENT: 11am
 HOUSING UNIT: MHU Bldg 22 B-Lower 11

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I'm filing this grievance, because we are not getting our proper time to eat in the Chowhall. Officer D. Porter saw the 2nd half had just set down after they gave the 1st half a 2 minute warning which was more like 30 seconds. I spoke to Sgt. Kane about it coming out of the Chowhall and Sgt. V. Kinloch, and others were present. The Lt. of the Bldg was Barlow, but I didn't get to speak with him. This is creating serious problems, and needs to be addressed a.s.a.p, because we shouldn't have to be choking our food down, because they are trying to sit back relax and do nothing, besides make our lives miserable. This is not the first time this has happen, but I'm bringing it to your attention now, because its getting out of hand.

ACTION REQUESTED BY GRIEVANT: That this is handle in the proper way, and not swept under the rug, and that it be brought before the Warden's attention, and Security Chief, and addressed as soon as possible.

GRIEVANT'S SIGNATURE: Al-Muhammad A. Shabazz DATE: Jan. 15th 06
aka L. Dennis Jr

WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

April '97 REV

RECEIVED
 JAN 17 2006
 Inmate Grievance Office

Affidavit

March 23, 2006

I, Bryant Cannon do hereby acknowledge
that I did in fact witness the above events.
On the above date and time I did
do as the summary of events states.

Bryant Cannon
Bryant Cannon
May 31, 2006